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AUTHOR Howze, Elizabeth H.
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ABSTRACT

Research in the areas of social networks and social support has illustrated some of the complex ways in which those areas contribute to health. A study was conducted to examine the structure of social support among older women, its influences on physical and emotional health status and on behaviors associated with increased risk of chronic disease, specifically smoking, obesity, and alcohol use. Married women (N=1,096) between the ages of 65 and 74 were interviewed. Two-thirds of the respondents reported their physical health to be good or excellent. Eighty-seven percent reported having good to excellent emotional health. Prevalence of smoking and alcohol use was low. The results of the study showed affective and instrumental support to be a single dimension of social support, at least in primary relationships. The observation that women with strong social support from husband, relatives, and friends had significantly different and higher self-appraised physical health status scores than did women with low social support can suggest that social support promotes health and/or that good health enables social support. The evidence suggests the importance of maintaining good physical health through positive health practices and of maintaining good emotional health by cultivating a strong support system. (NB)

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SOCIAL SUPPORT AND HEALTH MAINTENANCE AMONG OLDER MARRIED WOMEN

Elizabeth H. Howze, Sc.D.

Virginia Polytechnic Institute and State University

Blacksburg, Virginia

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The Gerontological Society of America

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Address for Reprints: Elizabeth H. Howze
Divison of Health & Physical Education
Virginia Tech
205 WMG
Blacksburg, Virginia 24061

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INTRODUCTION

Social support may be thought of as the end result of transactions between an individual and members of that individual's social network (those with whom the individual maintains ties) in the currencies of aid, affection, and affirmation (Kahn, 1980). Social support is a potentially important variable which health educators like myself and others can engage and exploit in attempts to modify those behaviors which increase the risk of premature morbidity and mortality. In the last decade and a half extensive research in the areas of social networks and social support has served to elaborate some of the complex ways in which those areas contribute to health.

My particular interest has been the structure of social support among older women, its influence on physical and emotional health status and on behaviors associated with increased risk of chronic disease, specifically smoking, weight, and alcohol use.

TARGET POPULATION

The 1096 respondents for this cross-sectional study were a subset of married women between the ages of 65 and 74 years of age who were interviewed at baseline for a large prospective study of the effects of social networks on depression among women who have experienced the death of their spouse.

Sixty-seven percent of the women interviewed said they were in good or excellent physical health while 33% considered their health to be fair to poor. Eighty-seven percent of respondents had good to excellent emotional health. Prevalence of smoking and alcohol use was low, with substantial numbers reporting that they had never smoked or used alcohol. Prevalence of obesity was slightly lower than for women of the same age for the United States as a whole.

Eighteen percent of the respondents (N=202) never had children. The median number of relatives and friends in this group of women was three. Over 10% of respondents reported having no friends and 15% said they had only one. Two percent reported having no relatives and 10% said they had only one relative.

RESULTS AND DISCUSSION

One of the more important methodological findings of this study concerns affective and instrumental social support. Respondents were asked a series of questions about the availability of affective support which in this study was defined as having a source for confiding about personal issues and problems, sharing interests and spending time together. They were also asked about sources of instrumental support or sources of assistance in keeping house and so forth if they were sick. The results of a factor analysis showed affective and instrumental support, as defined in the context of this study, to

be a single dimension of social support rather than two distinct dimensions, at least in primary relationships.

A regression model was developed to explain physical and emotional health status variables and the health maintenance variables smoking, weight, and alcohol use. Among the variables entered into the hierarchical regression analysis were a variable measuring husband's health (which I considered a social support variable), a block of three affective social support variables which included husband, relatives, and friends, a measure of the size of the "activated" and "unactivated" social support networks, two social participation variables - group membership and church attendance, a group of marriage-related variables including respondent's appraisal of her marriage, the number of children she bore and the number of times she had been married, and last, a block of variables were added related to respondent's health.

The model explains 39% of the variance in respondent's physical health and 29% of the variance in emotional health. The influence of social support on the health behaviors smoking, weight, and alcohol use is statistically significant but small in terms of proportion of variance explained. The exception is "quantity of cigarettes smoked" where social support blocks of varibles account for most of the 20% of variance explained by the model. It is possible that weak effects rather than strong were found because the variables in the data set did not address the issue of the influence of social support on health behavior

directly (i.e., respondents were not asked, for example, how much support they were getting from their relatives and friends in losing weight). Metaphorically speaking, it may be that the lens used was not powerful enough to detect what was in fact happening.

The next slide displays social support variables in the regression analysis with significant partial correlation coefficients and their betas; betas are measures of relative magnitude of influence. In explaining respondent's perception of her physical health the beta for husband's health is more than twice that for friend social support and one and one-half times greater than that of relative support. In explaining respondent's emotional health the beta for husband's affective social support is three times that for relative or friend affective support.

To assess whether women with higher levels of social support did better in terms of health status and health maintenance the sample of respondents were split at the median values for husband, relative and friend affective social support. Regression analyses showed that women with strong social support within each relationship group had significantly different and higher self-appraised physical health status scores than women with low social support.

Similarly, for both indicators of emotional health there were significant positive differences between women with high social support and women with low social support across all three

relationship groups. The influence of husband social support was much stronger than that of relative or friend support. Relative support was more important than friend support for physical health, but both were equivalent in effect for emotional health.

In order to better understand what factors influenced the strength of the social support network, variables representing husband support, relative support, and friend support were entered separately as dependent variables in a regression model with the following variables entered as independent variables: respondent's medical conditions, husband's health, demographics, and social participation.

1. Husband Social Support.

Husband's health was a critical variable in the prediction of husband affective social support, three times more important than education and twice as important as support from other sources. The only measure as important as husband's health was respondent's evaluation of her marriage in predicting affective social support from the husband.

2. Relative Social Support.

Of the eight chronic medical conditions entered as a block into the regression equation only eye conditions like glaucoma or cataracts were significant and only for relatives. No other conditions including arthritis, atherosclerosis, heart disease and diabetes were associated with increased or diminished social support from any relationship group. Having children and having support from friends showed the most substantial correlations

with relative social support. Husband support also appeared to be an important part of the perception of the availability of support from relatives.

3. Friend Social Support.

Friend social support was associated with support from relatives and support from husband. Friend support was also a function of educational level and membership in an organization.

From the observation that women with strong social support from husband, relatives, and friends had significantly different and higher self appraised physical health status scores than women with low social support, one can develop several possible explanations. One explanation is that women with poor physical health also have low social support, which would imply that health is necessary for maintaining a strong social support system.

Another interpretation is that perception of one's health and information on how to best take care of one's health are acquired and reinforced in part through associations with members of one's social support network. This view provides a means of understanding how social support can affect physical health. Positive feedback from significant others may enhance one's sense of self, thereby increasing one's sense of physical wellbeing. It may also provide reinforcement for positive health behavior. Correlations of self-appraised physical health with emotional health status and positive health behavior provide evidence for this view.

A reciprocal model of social support can comfortably encompass both points of view for which these data provide evidence: 1) that social support promotes health and 2) that good health enables social support.

One of the more interesting and important findings revealed by these data is that less well-educated women tend to have fewer avenues of social support which may place them more at risk for physical and emotional health problems than their better educated counterparts. Less well educated women are more likely to confide in their relatives than in their husband or friends which has implications for the kinds and amount of social support received and given. Having more rigid lines along which support is communicated may have consequences for the husband and others in the microsystem as well as the wife, particularly a predisposition to loneliness.

In this study husband's health and respondent's perception of her husband's affective support were two important components of physical and mental health maintenance. These results suggest that social support as an available resource for older women has short-term and long-term dimensions. Over the short term the state of the husband's health may impair his ability to provide affective support and may also limit the wife's ability to maintain meaningful ties as well which, Cassel (1970) has suggested, can lower resistance to disease. It does not seem surprising that husband's illness has the potential to create serious disruption in emotional ties in marriage.

Over the long term the wife's perception of husband affective support is related to two factors. The first is related to intimacy in the marriage relationship. Less well-educated women are less likely to confide in their husbands and more with their relatives. The second is related to the wife's appraisal of the marriage relationship, that is, whether or not it is favorable. Poor husband's health and an unfavorable evaluation of the marriage relationship in old age together have serious implications for the support either spouse is able to provide or receive in terms of intimacy and affective support or physical health maintenance such as complying with a prescribed diet. Mental distress may have consequences for rehabilitation or management of chronic conditions.

While this research suggests there are avenues of social support through which health education can reach many of the elderly - the church, community organizations, children and peers, others among the elderly may not be as accessible. Almost one-fifth of the women interviewed did not have children; one-third did not go to church or belong to any organization; and twenty-five percent had none or one friend. Many of these women may be marginal in terms of their present support or the support they have available to them if their husband dies. Some are very likely the women that do not or would not participate readily in sponsored activities for older adults.

If a social support system is health promoting, what can be done to enhance it without jeopardizing the sense of control that

Langer (1981) has demonstrated to be so important to wellbeing? One possibility is to teach social support skills such as active listening, interpersonal problem resolution, and other communication skills that are important for acquiring and maintaining social support. Middle-aged children of older parents might be an appropriate target group for such an intervention.

Another approach is to promote awareness in the general population of the importance of social support to health and well-being. The California Department of Mental Health has been conducting a statewide awareness campaign for some time about the importance of social support. Minkler (1981) has suggested the "support development group" composed of older adults who meet together to map their social support systems. Physicians, who are in a position to detect and refer elderly individuals who have marginal levels of social support, could be trained to ask their elderly patients routinely about their social support relationships.

Social support rarely operates in a vacuum. Rather, it operates to sustain normative values and behaviors that are present within various social relationship systems. Those involved in health education and related fields must consider individuals' micro and macro social environments and the possible ramifications for the individual of a change in health behavior, for example, stopping smoking. Changing a health behavior may in the worst case mean a loss of social support. More likely, a

behavior no longer shared in common may require a readjustment in a relationship which may entail a degree of risk that would have to be evaluated.

Nonetheless, the evidence suggests that maintaining good physical health through positive health practices and maintaining good emotional health by cultivating a strong support system are the most important things we can do to remain vigorous as we get older.

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